

**Instructions for New Applicants**  
**“NEW” License is Active One Year from Date of Issuance**

- Incomplete applications will be returned to applicant.
- All first time applicants read the Dietetics Practice Act and the Rules and Regulations to be found at the Arkansas Health Department Webpage: <https://www.healthy.arkansas.gov/programs-services/topics/arkansas-dietetics-licensing-board1> before completing Forms ADLB 2 and 3. Form 3 must be notarized.
- Type or Print Legibly. Place your name on each of the forms.
- Allow up to 2 weeks for the Application process to be completed.
- Send all completed, signed and notarized application materials, as applicable and **NONREFUNDABLE** application fees to:

**Arkansas Dietetics Licensing Board**  
**P. O. Box 1016**  
**North Little Rock, Arkansas 72115**

- ✓ Make check or money order payable to:

**Arkansas Dietetics Practice Fund**

- ✓ **DO NOT SEND CASH. IT WILL BE RETURNED WITH APPLICATION**

<b>FEE SCHEDULES</b>	
<b>*Initial Application Licensed Dietitian (LD)</b>	<b>\$ 110.00</b>
<b>*Initial Application Provisional Licensed Dietitian (PLD)</b>	<b>\$ 150.00</b>
<b>Renewal Fee</b>	<b>\$ 50.00</b>
Late Fee 30 days from license expiration date <b>\$25</b>	<b>Total \$75</b>
<b>Replacement Card</b>	<b>\$ 25.00</b>

**NEW – SEPTEMBER 1, 2021 THRU SEPTEMBER 1, 2022  
APPLICATION FOR Licensed Dietitian**

**APPLICATION FOR Licensed Dietitian**

- ☐ First time LD
- ☐ First time PLD applicant
- ☐ Reciprocity applicant

Complete the following application. **Incomplete packets will be returned.**

**The following information is being requested in compliance with ARK. Code Ann. 25-1-117**

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_  
City, State County and Country

GENDER ( ) Male ( ) Female \_\_\_\_\_

RACE: ( ) White ( ) Black/African American ( ) Asian ( ) American Indian/Alaska Native  
( ) Other \_\_\_\_\_

ETHNICITY: ( ) Hispanic or Latino ( ) Not Hispanic or Latino

EDUCATIONAL INSTITUTION OF PROFESSIONAL EDUCATION AND TRAINING: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RD # \_\_\_\_\_ PLD # \_\_\_\_\_

Applicant's Name \_\_\_\_\_  
Last First Middle Maiden

Home address \_\_\_\_\_  
Street or Box Number City State ZIP Code

County \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

**PLEASE CIRCLE BEST CONTACT NUMBER**

Email address \_\_\_\_\_

**PLEASE PRINT CLEARLY**

- ☐ **I am submitting a photocopy of current CDR registration card dated 9/01/2021 - 8/31/2022 or greater .**

ARKANSAS DIETETICS LICENSING BOARD  
P.O. BOX 1016,  
NORTH LITTLE ROCK, AR 72115  
Ph.# 501-580-9294 Fax# 501-843-0878  
Email address: [ARDiet@arkansas.gov](mailto:ARDiet@arkansas.gov)

Are you considered an Arkansas State Employee? (example: School Food Service; Cooperative Extension; UAMS; AR Dept of Health or Arkansas City or County).

Yes \_\_\_\_\_ No \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ zip code \_\_\_\_\_

County \_\_\_\_\_ Telephone: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

Have you ever had a license, registration, or certification as a Dietitian denied, revoked, cancelled, or suspended? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, briefly state the reason \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? YES \_\_\_\_\_ NO \_\_\_\_\_

If Yes, provide Date of Conviction \_\_\_\_\_ Where convicted \_\_\_\_\_

Charge \_\_\_\_\_ If conviction was set aside, give date and explain, using additional pages if necessary \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

This information must be provided yearly.

**ALL New applicants must sign.**

I have completed this application for licensure to the best of my ability and affix my signature that all facts and information provided are true and accurate.

\_\_\_\_\_  
(Signature- required)

\_\_\_\_\_  
(Date)

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**ADLB OFFICE USE ONLY**

Date Received \_\_\_\_\_

Amount Received \_\_\_\_\_

Check # \_\_\_\_\_

Approved \_\_\_\_\_

CPE Units \_\_\_\_\_

CDR Card \_\_\_\_\_

Money Order # \_\_\_\_\_

**STATE OF ARKANSAS**

NAME OF APPLICANT \_\_\_\_\_  
(Please print)

**PLEASE READ CAREFULLY**

In making application to the Arkansas Dietetics Licensing Board for the issuance of a license or provisional license as a Dietitian, I have read and agree to abide by the Dietetics Practice Act and the Rules and Regulations of the Arkansas Dietetics Licensing Board. I also agree to complete all application requirements and take all examinations necessary for the processing of my application. Upon issuance of a license, I agree to be bound by the Standard of Professional Responsibility as set forth in the Rules and Regulations. I further understand that the fee submitted with this application is nonrefundable and that the materials submitted for consideration become the property of the Board. I am aware of the schedule of fees and understand that additional fees must be paid to maintain licensure.

I agree to hold the Arkansas Dietetics Licensing Board, its members, officers, agents, and examiners free from any damage, or claim for damage, or complaint by reason of any action they or any one of them may take in connection with this application, the examination (if applicable), the failure of the Board to issue me a license, or any other aspect of licensing. I hereby grant permission to the Board to seek any information or references it deems fit in securing my credentials pertinent to this application.

I further agree that if issued a license, upon the revocation, suspension, or cancellation, or expiration of that license, I shall return the license certificate and license identification to the Board.

The information which I have provided in this application is truthful. I understand that providing false information of any kind may result in the voiding of this application, and my failing to be granted a license or provisional license, or the revocation of my license.

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

THE STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned authority, on this day personally appeared \_\_\_\_\_  
known to me to be the person whose name is subscribed to the foregoing instrument, and having been by me first duly sworn on oath, acknowledged that he/she had executed the same for the purposes and consideration therein expressed and that the foregoing statements are true and correct.

GIVEN under my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public in and for \_\_\_\_\_ County, Arkansas or \_\_\_\_\_ (state)

\_\_\_\_\_  
(Signature of Notary)

SEAL

\_\_\_\_\_  
(Name of Notary)

\_\_\_\_\_  
(Commission Expiration Date)